

FRANCISCAN CARE & REHAB CENTER
2915 N MEADE ST

APPLETON 54911 Phone: (920) 831-8700

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 192

Total Licensed Bed Capacity (12/31/04): 200

Number of Residents on 12/31/04: 173

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 178

Nonprofit Church/Corporation

Skilled

No

Yes

Yes

178

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		39.9	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		39.3	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	2.3	More Than 4 Years		20.8	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	12.7	65 - 74	9.2			-----	
Day Services	No	Mental Illness (Other)	0.6	75 - 84	35.8			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.6	85 - 94	43.4	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.2	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	4.6		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	4.6		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	30.6	65 & Over	97.7	-----			
Other Meals	No	Cerebrovascular	12.1		-----	RNs		12.1	
Transportation	No	Diabetes	2.3	Gender	%	LPNs		7.4	
Referral Service	No	Respiratory	9.8		-----	Nursing Assistants,			
Other Services	Yes	Other Medical Conditions	22.0	Male	20.8	Aides, & Orderlies			
Provide Day Programming for			-----	Female	79.2				
Mentally Ill	No		100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	10	8.5	141	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	10	5.8
Skilled Care	9	100.0	331	107	90.7	121	0	0.0	0	46	100.0	166	0	0.0	0	0	0.0	0	162	93.6
Intermediate	---	---	---	1	0.8	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	0.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		118	100.0		0	0.0		46	100.0		0	0.0		0	0.0		173	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	3.4	Bathing	15.6	49.1	35.3	173
Private Home/With Home Health	2.7	Dressing	15.6	49.1	35.3	173
Other Nursing Homes	3.1	Transferring	25.4	49.7	24.9	173
Acute Care Hospitals	88.7	Toilet Use	25.4	49.7	24.9	173
Psych. Hosp.-MR/DD Facilities	0.0	Eating	75.7	13.3	11.0	173
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.1	Continence	%	Special Treatments		%
Total Number of Admissions	292	Indwelling Or External Catheter	6.4	Receiving Respiratory Care		6.4
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	47.4	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	38.2	Occ/Freq. Incontinent of Bowel	30.1	Receiving Suctioning		0.6
Private Home/With Home Health	22.6	Mobility		Receiving Ostomy Care		0.6
Other Nursing Homes	2.0	Physically Restrained	24.9	Receiving Tube Feeding		2.9
Acute Care Hospitals	8.4			Receiving Mechanically Altered Diets		24.3
Psych. Hosp.-MR/DD Facilities	0.0	Skin Care		Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Pressure Sores	4.0	Have Advance Directives		87.3
Other Locations	4.7	With Rashes	5.2	Medications		
Deaths	24.0			Receiving Psychoactive Drugs		37.0
Total Number of Discharges (Including Deaths)	296					

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	Other Hospital-Based Facilities	All Facilities		
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.0	91.7	0.97	88.8	1.00
Current Residents from In-County	82.1	85.3	0.96	77.4	1.06
Admissions from In-County, Still Residing	22.6	14.1	1.61	19.4	1.16
Admissions/Average Daily Census	164.0	213.7	0.77	146.5	1.12
Discharges/Average Daily Census	166.3	214.9	0.77	148.0	1.12
Discharges To Private Residence/Average Daily Census	101.1	119.8	0.84	66.9	1.51
Residents Receiving Skilled Care	99.4	96.2	1.03	89.9	1.11
Residents Aged 65 and Older	97.7	90.7	1.08	87.9	1.11
Title 19 (Medicaid) Funded Residents	68.2	66.8	1.02	66.1	1.03
Private Pay Funded Residents	26.6	22.6	1.18	20.6	1.29
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	13.3	32.7	0.41	33.6	0.40
General Medical Service Residents	22.0	22.0	1.00	21.1	1.04
Impaired ADL (Mean)*	47.5	49.1	0.97	49.4	0.96
Psychological Problems	37.0	53.5	0.69	57.7	0.64
Nursing Care Required (Mean)*	5.5	7.4	0.74	7.4	0.74